

Tim Downey *Ferris*
Arborist

564 5592



City of Santa Barbara
Parks and Recreation Department
STREET TREE REMOVAL APPLICATION

Mailing Address:
PO Box 1990
Santa Barbara, CA 93102
(805) 564-5433 FAX (805) 897-2524

Office Address:
402 E. Ortega St.
Santa Barbara, CA 93101

Application Fee: \$50 (effective July 1, 2010)

ATTACHMENT 1

CITY OF SANTA BARBARA

MAR 28 2011

PARK & RECREATION
PARKS DIVISION

| | |
|--|--|
| DATE OF REQUEST: | March 27, 2011 |
| APPLICANT: | Beverly ILES |
| ADJACENT OWNER NAME: (IF DIFFERENT THAN APPLICANT): | |
| MAILING ADDRESS: | 6217 Cathedral Oaks Rd. Goleta 93117 |
| DAYTIME PHONE: | (805) 964-4968 |
| TREE LOCATION (Address): | 21 No. Milpas St. S.B. |
| TREE SPECIES (IF KNOWN): | |
| REASON(S) FOR REMOVAL: | Causing damage to property, walkway & Roof |

PROVIDE THE FOLLOWING SUPPLEMENTAL INFORMATION

- Property owner letter, indicating reasons for removal. Also include whether:
 - The removal application is associated with new development or redevelopment of property
 - Status of development application, including whether the project is scheduled for review by the Single Family Design Board, Architectural Board of Review or Historic Landmarks Commission
 - The tree is a designated Specimen or Historic Tree
- Photo of tree(s) proposed for removal
- Development plan/Landscape plan

| | | | |
|-------------------------------|-------------------|-----------|---------------------------------|
| For Risk Management Use Only: | Received by _____ | via _____ | For City Clerk Use ATTACHMENT 1 |
| | U.S. Mail | € | |
| | Interoffice Mail | € | |
| | Over the Counter | € | |

CLAIM FOR DAMAGES AGAINST THE CITY OF SANTA BARBARA

Be sure your claim is against the City of Santa Barbara and not another public entity. Where space is insufficient, please use additional paper and identify by paragraph number. Completed claims must be mailed or delivered to: The City Clerk, City of Santa Barbara, City Hall, De La Guerra Plaza/P.O. Box 1990, Santa Barbara, CA 93102.

The undersigned respectfully submits the following claim and information relative to damage to persons and/or property against the City of Santa Barbara in accordance with the provisions of CA Government Codes Section 910:

1. Name of Claimant: Beverly ILES

a. Post Office Address of Claimant: 6217 Cathedral Oaks Rd.

b. City: Goleta State: CA Zip: 93117

c. Phone No: (Optional) 964-4968

d. E-Mail Address (Optional): _____
2. Name, telephone number and post office to which claimant desires notices to be sent (if other than above): _____
3. Occurrence or event from which claim arises:

a. DATE: March 20th b. TIME: _____

c. PLACE (specify or describe to allow investigator to locate; attach diagram, if possible):
21 No. Milpas St. SB CA 93102

d. How and under what circumstances did damage or injury occur? Specify the particular occurrence, event, act or omission you claim caused the damage or injury:
The tree belonging to the City is huge and caused damages to the sidewalk ramp @ 21 No. Milpas St causing the roots to crack the walkway and crack toward the building.
The roots need to be removed & the cement put back to allow pedestrians to use the walkway. The tree on your prop. Overhangs too far on the roof causing numerous leaves

e. What particular action by the City or its employees caused the alleged damage or injury? _____

To block the downing system and cause flooding into the storm causing damage to the ceiling tiles. Also the pipes get blocked from the downer causing flooding at the parking lot. Tree needs to be removed it is too large for this location.

ATTACHMENT 1

4. Describe property damage, injury or loss, so far as is known at the time of this claim. If none, state "no injuries" or "no property damage."

Prop. damage to the vents, pipes & parking lot and
Walkway cracked from the roots of your trees owned by the City.

5. Name(s) of the City employee(s) causing the damage and/or injury:

N/A

6. Name and address of any other person injured:

N/A

7. Name and address of the owner of any damaged property: Beverly Iles

6217 Cathedral Oaks Rd Colton 93117

8. a. Amount of damages claimed as of this date: _____
b. Estimated future damages: _____
c. Total damages claimed: _____
d. Attach and describe the basis for calculation of damages claimed, including medical bills, invoices, estimates, payroll records, photographs, etc.: _____

- c. If total damages exceed \$10,000, jurisdiction is in (check one):
Municipal court (claims up to \$25,000) [] or Superior court (claims over \$25,000) []

9. Names, addresses and phone numbers of all witnesses, hospitals, doctors, etc.:

a. _____
b. _____
c. _____
d. _____

10. Any additional information that might be helpful in considering claim (attach any photographs and/or diagrams):

Both city trees need to be removed from the prop. at street
sidewalk close to the road. The wind & rain cause the roof to be
constantly covered with leaves blocking the roof drains to drain
water.

11. If this is a claim for indemnity, on what date were you served with the underlying lawsuit?

12. Date: March 25, 2011

Signature of Claimant or Attorney for Claimant or Legal
Guardian or Parent of Minor or Incapacitated Claimant

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (Penal Code §72)



Date: 3/27/11

Requested by: Beverly Iles

Address: 6217 Cathedral Oaks Rd., Goleta, CA 93117

Location of Tree: 21 N. Milpas St.

Tree Species: (2) *Ficus microcarpa* 'Nitida' **Common Name:** Indian Laurel Fig

Requested Reason for Removal: Causing damage to property, walkway and roof.

Current designated Street Tree: *Melaleuca styphelioides*, Prickly Melaleuca

Advisory Committee Recommendation: *Approve Removal:* ☐ *Deny Removal:* ☒

Staff Recommendation: *Approve Removal:* ☐ *Deny Removal:* ☒

Date Posted: 6/14/11

Comments: The Committee recommends that the Commission deny the removals. The Committee determined that the damage can be mitigated with maintenance.

PHOTO INVENTORY



21 N. Milpas St. 6/22/11 Attachment 1

